

**Compliance Report Checklist  
for  
Fair Employment Cases  
Family Medical Leave Cases  
Cases Referenced in Section 106.06, Statutes**

**The compliance report should include the items below, which apply, to the case.  
Send your compliance report within thirty (30) days to:**

ROBIN BARKENHAGEN  
EQUAL RIGHTS DIVISION  
P O BOX 8928  
MADISON WI 53708

If you need assistance with calculations and/or other preparation of this form, please contact Robin Barkenhagen at 608-266-0027 or TTY Number 608-264-8752.

**1. Backpay:** If the respondent(s) has been ordered to pay backpay, please calculate the backpay using the reverse side of this form. Please indicate (if applicable) the hourly wage and the number of hours per week, which were used to compute, gross backpay. **Also enclose a copy of the check(s) remitted to the complainant which the respondent asserts is in satisfaction of the backpay order.**

If the respondent(s) has been ordered to reimburse unemployment compensation benefits and/or public assistance benefits, **enclose a copy of the check(s) remitted to pay those amounts.**

**2. Instatement/reinstatement:** If the respondent(s) has been ordered to instate/reinstate the complainant into a job position, please indicate when the instatement/reinstatement offer was made and whether the complainant has accepted the offer. The respondent should generally allow a reasonable amount of time for the complainant to decide whether or not to accept the offer.

If the complainant has **accepted** the offer, **indicate when the complainant began working.** If the complainant has **rejected** the offer, **indicate the job title, hours and rate of pay of the position that was offered, when the complainant rejected it and a copy of the rejection (if the rejection was in writing).**

**3. Benefits:** If the respondent has been ordered to reimburse a pension account, credit or restore seniority, credit vacation time or sick leave balance, and/or to take any other remedial actions related to the complainant's benefits, **please provide information demonstrating that the remedial actions have been complied with.**

**4. Attorney Fees and/or Costs:** If the respondent(s) has been ordered to pay attorney and/or costs, **provide a copy of the check remitted for attorney fees and/or costs.**

**5. Other Remedial Actions:** If the respondent(s) has been ordered to do any other remedial actions (such as training, posting a notice, removing items from a personnel file and/or other wise), **please provide information demonstrating that the remedial actions have been complied with.**

## Worksheet for Computing Back Pay and Interest on Back Pay

		Calendar Quarter		Calendar Quarter		Calendar Quarter		Calendar Quarter		Calendar Quarter		Calendar Quarter	
		Start	Ends	Start	Ends	Start	Ends	Start	Ends	Start	Ends	Start	Ends
1	<b>Gross Back Pay:</b> Enter gross wages that would have been paid to complainant in this quarter had discrimination not occurred.												
2	<b>Statutory Set-Offs:</b> Enter gross wages complainant actually received in this quarter from other employment, unemployment compensation or welfare benefits.												
3	<b>Net Back Pay:</b> Subtract line 2 from line 1 and enter difference. (If line 2 is more than line 1, enter zero here and on line 9 - - no payment is due this quarter).												
4	<b>Ending Date:</b> Enter the date the respondent is expected to make payment to complainant. (Use the same date for each quarter.)												
5	<b>Term:</b> Enter the number of days from the end of each quarter to the date payment is expected on line 4.												
6	<b>Interest Factor:</b> Divide line 5 by 365 days and enter here. Round up two decimal places.												
7	<b>Interest Rate:</b> Multiply the factor on line 6 by 12% and enter the result here.												
8	<b>Interest Due This Quarter:</b> Multiply the amount on line 3 by the percent on line 7 and enter the result here.												
9	<b>Total Due This Quarter:</b> Add lines 3 and 8 and enter here. This is the total back pay and interest due this quarter.												
10	<b>Total Payment Due: Cumulative</b> total of calendar quarters on line 9.												

### Notes

1. Excesses in statutory set-offs in one quarter may not be carried over to another quarter.
2. Interest is not payable for the quarter in which the ending date falls (the last quarter).
3. Worksheet reflects provisions of Chapter. DWD 218.20(4), Wisconsin Administrative Code.